

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street)

601 Pennsylvania Avenue NW

Suite 500 South Building

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106740

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Robert Borchardt

Signature of Treasurer

Electronically Filed by Mr. Robert Borchardt

Date

01

29

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected.

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 211

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		82935.42
(b) Cash on Hand at Beginning of Reporting Period .....	85811.54	
(c) Total Receipts (from Line 19) .....	94532.62	290177.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	180344.16	373113.17
7. Total Disbursements (from Line 31) .....	54948.28	247717.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	125395.88	125395.88
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 211

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	71893.50	178041.46
(ii) Unitemized .....	1931.50	10908.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	73825.00	188949.63
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	20000.00	98500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	93825.00	287449.63
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	707.62	1728.12
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	94532.62	290177.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	94532.62	290177.75

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	948.28	2217.29	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	948.28	2217.29	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54000.00	243000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	2500.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	2500.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54948.28	247717.29	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54948.28	247717.29	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 211

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	93825.00	287449.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	93825.00	284949.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	948.28	2217.29
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	707.62	1728.12
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	240.66	489.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Linda Alford

Mailing Address 4804 Bridlewood Circle, NE

City State Zip Code  
 Canton OH 44714

FEC ID number of contributing federal political committee.

C

Name of Employer  
Not EmployedOccupation  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 1 4 / 2 0 0 9

Transaction ID: 2FEC42D0529896C35E

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

William Alvin

Mailing Address 2850 W Grand Boulevard

City State Zip Code  
 Detroit MI 48202-2643

FEC ID number of contributing federal political committee.

C

Name of Employer  
Health Alliance PlanOccupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 9

Transaction ID: 6A6D83943973E9B7A40

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
 Washington DC 20004

FEC ID number of contributing federal political committee.

C

Name of Employer  
America's Health Insurance PlansOccupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-1

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional) .....

2400.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2009

Transaction ID: 2009072717019-1

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2009

Transaction ID: 2009081114326-1

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 31 2009

Transaction ID: 200909039164-1

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-1

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-1

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-1

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-1

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-1

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-1

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-1

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-1

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-2

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

458.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2009

Transaction ID: 2009072717019-2

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2009

Transaction ID: 2009081114326-2

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
08 31 2009

Transaction ID: 200909039164-2

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-2

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-2

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-2

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-2

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-2

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-2

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-2

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-2

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Christopher Booth

Mailing Address 165 Court Street

City State Zip Code  
Rochester NY 14647-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Lifetime Healthcare  
Companies

Occupation

EVP, Corporate General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1667.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: DA73DA9F71AAEAB240B

Amount of Each Receipt this Period

1667.00

**SUBTOTAL** of Receipts This Page (optional) .....

2083.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2009

Transaction ID: 2009071018017-3

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2009

Transaction ID: 2009072717019-3

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2009

Transaction ID: 2009081114326-3

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-3

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-3

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-3

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-3

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-3

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-3

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-3

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-3

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-3

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Angela Braly

Mailing Address 120 Monument Circle

City

Indianapolis

State

IN

Zip Code

46204-4906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WellPoint, Inc.

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 508C2DD06DB238200EE

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-4

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-4

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

2083.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-4

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-4

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-4

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-4

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-4

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-4

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-4

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-4

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-4

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-4

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Tracey Carter

Mailing Address 111 Robert Rd

City State Zip Code  
Marlborough MA 01752-6531

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts Health Plan

Occupation  
VP Actuarial Services, Pricing and Underwriting

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: A19748F527912155F7E

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-7

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

354.17

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2009

Transaction ID: 2009072717019-7

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2009

Transaction ID: 2009081114326-7

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 31 2009

Transaction ID: 200909039164-7

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-7

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-7

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-7

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-7

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-7

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-7

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-7

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-7

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-8

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

208.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2009

Transaction ID: 2009072717019-8

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2009

Transaction ID: 2009081114326-8

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
08 31 2009

Transaction ID: 200909039164-8

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-8

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-8

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-8

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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**A.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-8

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-8

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-8

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

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Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-8

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-8

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-9

Amount of Each Receipt this Period

14.58

**SUBTOTAL** of Receipts This Page (optional) .....

181.24

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-9

Amount of Each Receipt this Period

14.58

**B.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-9

Amount of Each Receipt this Period

14.58

**C.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-9

Amount of Each Receipt this Period

14.58

**SUBTOTAL** of Receipts This Page (optional) .....

43.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-9

Amount of Each Receipt this Period

14.58

**B.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-9

Amount of Each Receipt this Period

14.58

**C.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-9

Amount of Each Receipt this Period

14.58

**SUBTOTAL** of Receipts This Page (optional) .....

43.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-9

Amount of Each Receipt this Period

14.58

**B.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-9

Amount of Each Receipt this Period

14.58

**C.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-9

Amount of Each Receipt this Period

14.58

**SUBTOTAL** of Receipts This Page (optional) .....

43.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-9

Amount of Each Receipt this Period

14.58

**B.**

Full Name (Last, First, Middle Initial)

Teresa Chovan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director, Policy Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-9

Amount of Each Receipt this Period

14.58

**C.**

Full Name (Last, First, Middle Initial)

Lois Cornell

Mailing Address 31 Farm Hill Rd

City State Zip Code  
Natick MA 01760-5552

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts Health Plan

Occupation  
Sr VP of HR, General Counsel, Sr. Comp

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 9

Transaction ID: B29FFF296FABEE3222C

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

529.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Crowell

Mailing Address 40 Wyman Rd

City

Lexington

State

MA

Zip Code

02420-3236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Health Plan

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 9

Transaction ID: 5032EBF935879E29EBF

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Kirstin Dawson

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Research Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-10

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Kirstin Dawson

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Research Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-10

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

520.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Kirstin Dawson

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Research Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-10

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Kirstin Dawson

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Research Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-10

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Kirstin Dawson

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Research Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-10

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

31.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-11

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-11

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-11

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-11

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-11

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-11

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-11

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-11

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-11

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-11

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-11

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Exec. Director of Learning & Resource

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-11

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Randolph Desonia

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Medicaid Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-12

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Randolph Desonia

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Medicaid Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-12

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Randolph Desonia

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Medicaid Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-12

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Randolph Desonia

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Medicaid Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-12

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Beth Donahue

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive VP, Policy & Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: C1476FA8B904BD3BE2B

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Professional Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-13

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

5022.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Professional Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-13

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Professional Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-13

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Professional Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-13

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

37.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Professional Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-13

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Professional Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-13

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Professional Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-13

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional) .....

37.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Dougherty

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Professional Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-13

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-14

Amount of Each Receipt this Period

104.00

**C.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-14

Amount of Each Receipt this Period

104.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-14

Amount of Each Receipt this Period

104.00

**B.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-14

Amount of Each Receipt this Period

104.00

**C.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-14

Amount of Each Receipt this Period

104.00

**SUBTOTAL** of Receipts This Page (optional) .....

312.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-14

Amount of Each Receipt this Period

104.00

**B.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-14

Amount of Each Receipt this Period

104.00

**C.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-14

Amount of Each Receipt this Period

104.00

**SUBTOTAL** of Receipts This Page (optional) .....

**312.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-14

Amount of Each Receipt this Period

104.00

**B.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-14

Amount of Each Receipt this Period

104.00

**C.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-14

Amount of Each Receipt this Period

104.00

**SUBTOTAL** of Receipts This Page (optional) .....

312.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-14

Amount of Each Receipt this Period

104.00

**B.**

Full Name (Last, First, Middle Initial)

Zeke Duda

Mailing Address 23 Old Westfall Dr

City State Zip Code  
Rochester NY 14625-1045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lifetime Healthcare Compa-  
nies

Occupation  
Senior Executive VP and CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1667.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: 10BFE76104946A0E41F

Amount of Each Receipt this Period

1667.00

**C.**

Full Name (Last, First, Middle Initial)

Patti Embry-Tautenhahn

Mailing Address 12 Overlook Dr E

City State Zip Code  
Framingham MA 01701-3320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts Health Plan

Occupation  
VP Corporate Communications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 9

Transaction ID: 5EE4C7EFBA084C8886B

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2021.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Behrends Foster

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
VP, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 9

Transaction ID: 0A7FA165E285E562AC5

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-15

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-15

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-15

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-15

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-15

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-15

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-15

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-15

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-15

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-15

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-15

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-15

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Ganz

Mailing Address 200 Market Street

City State Zip Code  
Portland OR 97201-5715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
The Regence Group

Occupation  
President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: 5877DDFEAFAC25259D6

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-16

Amount of Each Receipt this Period

27.08

**SUBTOTAL** of Receipts This Page (optional) .....

5152.08

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-16

Amount of Each Receipt this Period

27.08

**B.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-16

Amount of Each Receipt this Period

27.08

**C.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-16

Amount of Each Receipt this Period

27.08

**SUBTOTAL** of Receipts This Page (optional) .....

81.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-16

Amount of Each Receipt this Period

27.08

**B.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-16

Amount of Each Receipt this Period

27.08

**C.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-16

Amount of Each Receipt this Period

27.08

**SUBTOTAL** of Receipts This Page (optional) .....

81.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-16

Amount of Each Receipt this Period

27.08

**B.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-16

Amount of Each Receipt this Period

27.08

**C.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-16

Amount of Each Receipt this Period

27.08

**SUBTOTAL** of Receipts This Page (optional) .....

81.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-16

Amount of Each Receipt this Period

27.08

**B.**

Full Name (Last, First, Middle Initial)

Leanne Gassaway

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

649.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-16

Amount of Each Receipt this Period

27.08

**C.**

Full Name (Last, First, Middle Initial)

Frances Ghose

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-17

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

116.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Frances Ghose

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 31 2009

Transaction ID: 2009072717019-17

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Frances Ghose

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
08 14 2009

Transaction ID: 2009081114326-17

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Frances Ghose

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
08 31 2009

Transaction ID: 200909039164-17

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Frances Ghose

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-17

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Frances Ghose

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-17

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Frances Ghose

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-17

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Frances Ghose

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-17

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Frances Ghose

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Political Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-17

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Cindy Goff

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: EB3E37D7CCCFEDA7B6A

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1125.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lydia Greene

Mailing Address 21 New Boston Rd

City

Amherst

State

NH

Zip Code

03031-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Health Plan

Occupation

VP, Human Resources and Diversity

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 0 9

Transaction ID: E92E01924C2ED850D40

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Aida Guida

Mailing Address 2 Moore Rd

City

Sudbury

State

MA

Zip Code

01776-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Health Plans

Occupation

VP of Finance, Corporate Controller

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 3 / 2 0 0 9

Transaction ID: 4EA0C2B3A23635D3070

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Gregory Haban

Mailing Address 5240 Pinedrive Cir NW

City

Canton

State

OH

Zip Code

44718-1412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aultcare

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 9

Transaction ID: D9420F7BD2E69C4FC9C

Amount of Each Receipt this Period

275.00

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Rick Haines

Mailing Address 2600 6th Street Southwest

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AultCare

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

Transaction ID: 6185CAECACCF4A78023

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

H. Edward Hanway

Mailing Address Two Liberty Place  
1601 Chestnut Street

City

Philadelphia

State

PA

Zip Code

19192-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CIGNA Corp.

Occupation

Chairman and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 1 / 2 0 0 9

Transaction ID: 71F17B2B7CCFAC0C665

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-20

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

4083.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-20

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-20

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-20

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Americas Health Insurance Plans PAC (AHIP PAC)

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Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-20

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-20

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-19

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-19

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-19

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-19

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-18

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President of Federal Policy and S

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1916.59

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-18

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-21

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

187.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
07 31 2009

Transaction ID: 2009072717019-21

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
08 14 2009

Transaction ID: 2009081114326-21

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
08 31 2009

Transaction ID: 200909039164-21

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-21

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-21

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-20

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue Northwest  
S Building Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 0 9

Transaction ID: A4751192069E7CA322E

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-20

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-20

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

1041.66

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-20

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-19

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Joni Hong-Schnur

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Associate Counsel, Special Proj

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.92

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-19

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Karen Ignagni

Mailing Address 601 Pennsylvania Avenue Northwest  
S Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: AEE52636B40530E685A

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Imbimbo

Mailing Address 474 Revere Beach Blvd  
Apt 1105

City State Zip Code  
Revere MA 02151-4726

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts Health Plan

Occupation  
VP Technology Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: CBAA3F142D493739230

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-22

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

5333.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-22

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-22

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-22

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-22

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-22

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-21

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-21

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-21

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-21

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-20

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-20

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-23

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

208.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
07 31 2009

Transaction ID: 2009072717019-23

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
08 14 2009

Transaction ID: 2009081114326-23

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
08 31 2009

Transaction ID: 200909039164-23

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-23

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-23

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-22

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-22

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-22

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-22

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-21

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Policy Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-21

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Jean Knapp

Mailing Address 59 Hunter Ln

City State Zip Code  
Lancaster MA 01523-3041

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts Health Plan

Occupation  
AVP Budgeting & Financial Planning

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 3 / 2 0 0 9

Transaction ID: 61C65ACDD9CCE450515

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

333.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Umesh Kurpad

Mailing Address 47 Durham Rd

City

Skillman

State

NJ

Zip Code

08558-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Health Plan

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: 84720D80AF3C2C0C694

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-24

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-24

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

583.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-24

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-24

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-24

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-24

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-23

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-23

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-23

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-23

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-22

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-22

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-25

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-25

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-25

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-25

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-25

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-25

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-24

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-24

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-24

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-24

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
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FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-23

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 211

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-23

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-26

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-26

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

291.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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Name of Employer  
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Plans

Occupation

Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-26

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
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FEC ID number of contributing  
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C

Name of Employer  
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Plans

Occupation

Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-26

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-26

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 211

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Name of Employer  
America's Health Insurance  
Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2009

Transaction ID: 2009092994629-26

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
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Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2009

Transaction ID: 2009101210142-25

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

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FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2009

Transaction ID: 20091026173011-25

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 211

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Name of Employer  
America's Health Insurance  
Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-25

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
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City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
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Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-25

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-24

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Mailing Address 601 Pennsylvania Avenue N.W.  
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FEC ID number of contributing  
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**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-24

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-27

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-27

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

208.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-27

Amount of Each Receipt this Period

41.67

**B.**

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FEC ID number of contributing  
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C

Name of Employer  
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Plans

Occupation

Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-27

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
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C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-27

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 211

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C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-27

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
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C

Name of Employer  
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Plans

Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-26

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
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FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-26

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-26

Amount of Each Receipt this Period

41.67

**B.**

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Beth Leonard

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Plans

Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-26

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
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Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-25

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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Occupation  
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☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-25

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Kristin Lewis

Mailing Address 705 Mount Auburn Street

City State Zip Code  
Watertown MA 02472-1508

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts Health Plan

Occupation  
Director, Public Policy & Gov't Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 9

Transaction ID: F8D9505C4B983945D81

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-29

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

312.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-29

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-29

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-29

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-29

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-29

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-28

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-28

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-28

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-28

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-27

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Holly Macmoran

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-27

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-30

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

83.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-30

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-30

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-30

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-30

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-30

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-29

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-29

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-29

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-29

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-28

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Debi Manning

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.72

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-28

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Martin Toe

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-30

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

93.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephanie Martin Toe

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-30

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Martin Toe

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-29

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Stephanie Martin Toe

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Program Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-29

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Kevin McCarthy

Mailing Address 2211 Congress Street

City

Portland

State

ME

Zip Code

04102-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unum Group

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 0 / 2 0 0 9

Transaction ID: E1A68A8DBE0349A492F

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-32

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-32

Amount of Each Receipt this Period

10.50

**SUBTOTAL** of Receipts This Page (optional) .....

2021.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 211

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South BuildingCity State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: 20091130125456-32

Amount of Each Receipt this Period

10.50

**B.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South BuildingCity State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	9	

Transaction ID: 20091210114025-31

Amount of Each Receipt this Period

10.50

**C.**

Full Name (Last, First, Middle Initial)

Anthony Meoni

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South BuildingCity State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
PlansOccupation  
Vice President, IT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: 20100104152628-31

Amount of Each Receipt this Period

10.50

SUBTOTAL of Receipts This Page (optional) .....

31.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-34

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-34

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-34

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-34

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-34

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-34

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**A.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-33

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-33

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-33

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-33

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-32

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Meyers

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-32

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-36

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-36

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-36

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-36

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-36

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-36

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-35

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-35

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-35

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
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City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-35

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-34

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.72

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-34

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-36

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-36

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-36

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

31.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-35

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Lisa Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director, Meeting Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-35

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Marion Minichiello

Mailing Address 4 Raymond Road Ext

City State Zip Code  
Burlington MA 01803-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Health Plan

Occupation

VP, Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: C689EAF454ADED68E1C

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

270.84

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-38

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-38

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-38

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-38

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-38

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-38

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 211

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-37

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-37

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-37

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-37

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-36

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Martin Mitchell, Jr.

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-36

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2009

Transaction ID: 2009071018017-39

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2009

Transaction ID: 2009072717019-39

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2009

Transaction ID: 2009081114326-39

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-39

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-39

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-39

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-38

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-38

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-38

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-38

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-37

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President State Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-37

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-40

Amount of Each Receipt this Period

125.45

**B.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-40

Amount of Each Receipt this Period

125.45

**C.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-40

Amount of Each Receipt this Period

125.45

**SUBTOTAL** of Receipts This Page (optional) .....

376.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Pisano

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Suite 500, South Building

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Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-40

Amount of Each Receipt this Period

125.45

**B.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-40

Amount of Each Receipt this Period

125.45

**C.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-40

Amount of Each Receipt this Period

125.45

**SUBTOTAL** of Receipts This Page (optional) .....

376.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-39

Amount of Each Receipt this Period

125.45

**B.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-39

Amount of Each Receipt this Period

125.45

**C.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-39

Amount of Each Receipt this Period

125.45

**SUBTOTAL** of Receipts This Page (optional) .....

376.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 211

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Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
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City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-39

Amount of Each Receipt this Period

125.45

**B.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-38

Amount of Each Receipt this Period

125.45

**C.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3001.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-38

Amount of Each Receipt this Period

125.45

**SUBTOTAL** of Receipts This Page (optional) .....

376.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-41

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-41

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-41

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-41

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-41

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-41

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-40

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-40

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-40

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**A.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-40

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-39

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-39

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2009

Transaction ID: 2009071018017-42

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2009

Transaction ID: 2009072717019-42

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2009

Transaction ID: 2009081114326-42

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-42

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-42

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-42

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-41

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-41

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-41

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 140 / 211

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Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-41

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-40

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-40

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 211

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**A.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-44

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-44

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-44

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-44

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-44

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-44

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 143 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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**A.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-43

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-43

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-43

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 144 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-43

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-42

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Ingrid Reeves

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director of Membership

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-42

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-45

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-45

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-45

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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City State Zip Code  
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FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-45

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
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FEC ID number of contributing  
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C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-45

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
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City State Zip Code  
Washington DC 20004

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federal political committee.

C

Name of Employer  
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Plans

Occupation  
Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-45

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-44

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-44

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-44

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-44

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-43

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Bob Rehm

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Public Health & Clinic

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-43

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-46

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-46

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

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Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-46

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 211

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Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-46

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
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FEC ID number of contributing  
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C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-46

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

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federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-46

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 211

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Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-45

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
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FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
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Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-45

Amount of Each Receipt this Period

41.67

**C.**

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Sue Rohan

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federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-45

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 211

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Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-45

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-44

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-44

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-47

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-47

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-47

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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City State Zip Code  
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FEC ID number of contributing  
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C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-47

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-47

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-47

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-46

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-46

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

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Name of Employer  
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Plans

Occupation

Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-46

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-46

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

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**C**

Name of Employer  
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Plans

Occupation  
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-45

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
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Plans

Occupation  
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-45

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

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# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Stephen Sloan

Mailing Address 9 Fenway Drive

City

Loudonville

State

NY

Zip Code

12211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Lifetime Healthcare  
Companies

Occupation

SVP and General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1667.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 7 / 2 0 0 9

Transaction ID: 63D5F9858C88D824193

Amount of Each Receipt this Period

1667.00

**B.**

Full Name (Last, First, Middle Initial)

Marc Spooner

Mailing Address 26 Snake Brook Rd

City

Wayland

State

MA

Zip Code

01778-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tuft Health Plan

Occupation

VP, Strategy and Product Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 9

Transaction ID: DEA1D337F28BCE65883

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-48

Amount of Each Receipt this Period

153.85

**SUBTOTAL** of Receipts This Page (optional) .....

2070.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y  
07 31 2009

Transaction ID: 2009072717019-48

Amount of Each Receipt this Period

153.85

**B.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y  
08 14 2009

Transaction ID: 2009081114326-48

Amount of Each Receipt this Period

153.85

**C.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y  
08 31 2009

Transaction ID: 200909039164-48

Amount of Each Receipt this Period

153.85

**SUBTOTAL** of Receipts This Page (optional) .....

**461.55**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-48

Amount of Each Receipt this Period

153.85

**B.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-48

Amount of Each Receipt this Period

153.85

**C.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-47

Amount of Each Receipt this Period

153.85

**SUBTOTAL** of Receipts This Page (optional) .....

461.55

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 211

(check only one)

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-47

Amount of Each Receipt this Period

153.85

**B.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-47

Amount of Each Receipt this Period

153.85

**C.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-47

Amount of Each Receipt this Period

153.85

**SUBTOTAL** of Receipts This Page (optional) .....

461.55

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-46

Amount of Each Receipt this Period

153.85

**B.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-46

Amount of Each Receipt this Period

153.85

**C.**

Full Name (Last, First, Middle Initial)

Miriam Sullivan

Mailing Address 241 Cedar Ave

City State Zip Code  
Arlington MA 02476-7335

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts Health Plan

Occupation  
AVP, Allied Health & Pharmacy Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 9 / 2 0 0 9

Transaction ID: 9989D7DF569A9B256F0

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

557.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2009

Transaction ID: 2009071018017-49

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2009

Transaction ID: 2009072717019-49

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2009

Transaction ID: 2009081114326-49

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-49

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-49

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-49

Amount of Each Receipt this Period

20.83

**SUBTOTAL** of Receipts This Page (optional) .....

62.49

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-48

Amount of Each Receipt this Period

20.83

**B.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-48

Amount of Each Receipt this Period

20.83

**C.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-48

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

72.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-48

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-47

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Jessica Talbert

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Special Assistant To the Senior Vice P

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-47

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Timothy Teynor

Mailing Address 2600 Sixth Street Southwest

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AultCare

Occupation

Vice President, Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 4 / 2 0 0 9

**Transaction ID:** 48BAD1D84E444BC555B

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Trebino

Mailing Address 142 Manning St

City

Needham

State

MA

Zip Code

02494-1541

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Tufts Health Plan

Occupation

SVP of Operations, CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 8 / 2 0 0 9

**Transaction ID:** 61012A53567D0B18423

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Legislative & Regulatory Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** 20091026173011-49

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

1510.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Legislative & Regulatory Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-49

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Legislative & Regulatory Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-49

Amount of Each Receipt this Period

10.42

**C.**

Full Name (Last, First, Middle Initial)

Aaron Tucker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Legislative & Regulatory Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-48

Amount of Each Receipt this Period

10.42

**SUBTOTAL** of Receipts This Page (optional) .....

31.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 211

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Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Legislative & Regulatory Analysis

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-48

Amount of Each Receipt this Period

10.42

**B.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-51

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-51

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

427.08

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 211

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Washington DC 20004

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federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-51

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-51

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-51

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 211

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**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-51

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
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FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-50

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-50

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 211

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**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-50

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-50

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-49

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

624.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-49

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-52

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-52

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

333.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-52

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-52

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-52

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Mailing Address 601 Pennsylvania Avenue N.W.  
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City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-52

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-51

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-51

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 211

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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C

Name of Employer  
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Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-51

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-51

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
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Washington DC 20004

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federal political committee.

C

Name of Employer  
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Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-50

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

187.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 211

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Name of Employer  
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Plans

Occupation  
Director, Federal Legislative Affairs

Receipt For:

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☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-50

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 5 / 2 0 0 9

Transaction ID: 2009071018017-53

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 9

Transaction ID: 2009072717019-53

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

125.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: 2009081114326-53

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-53

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-53

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-53

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-52

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-52

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-52

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-52

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-51

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

93.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Daniel Vigil

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Deputy Director, State Publications

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-51

Amount of Each Receipt this Period

31.25

**B.**

Full Name (Last, First, Middle Initial)

Kelly Vogel

Mailing Address 601 Pennsylvania Avenue Northwest  
South Building, Suite 500

City State Zip Code  
Washington DC 20004-2601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
VP, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

Transaction ID: 51341CD4740663D872A

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Marilyn Zigmund Luke

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Regulatory Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-54

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

2041.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 181 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 15 / 2009

Transaction ID: 2009071018017-56

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 31 / 2009

Transaction ID: 2009072717019-56

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2009

Transaction ID: 2009081114326-56

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: 200909039164-56

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 5 / 2 0 0 9

Transaction ID: 20090911173131-56

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: 2009092994629-56

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: 2009101210142-55

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 20091026173011-55

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 3 / 2 0 0 9

Transaction ID: 20091110151710-55

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 211

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: 20091130125456-55

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: 20091210114025-53

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Manager, Media Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.08

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: 20100104152628-53

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

71893.50



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 211

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Aetna Inc. Political Action Committee

Mailing Address 151 Farmington Ave.  
Rw4A

City State Zip Code  
Hartford CT 06156

FEC ID number of contributing  
federal political committee.

**C** C00181826

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 2 / 2 0 0 9

**Transaction ID:** F872DBAFA5D18FA1D0B

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Amerigroup Corporation Political Action Committee (AMERIGROUP PAC)

Mailing Address 4425 Corporation Lane

City State Zip Code  
Virginia Beach VA 23462

FEC ID number of contributing  
federal political committee.

**C** C00428102

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** 571C19ABCDE13B4BD0C

Amount of Each Receipt this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Health Alliance Plan Pac

Mailing Address 2850 West Grand Boulevard

City State Zip Code  
Detroit MI 48202

FEC ID number of contributing  
federal political committee.

**C** C00410670

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 0 9

**Transaction ID:** FA73F5195D6D64EEFFC

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 211

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mutual of Omaha Companies Pac (IMPAC)

Mailing Address Mutual of Omaha Plaza

City

Omaha

State

NE

Zip Code

68175

FEC ID number of contributing  
federal political committee.**C**

C00094581

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

**Transaction ID:** 18E58B8803F5C95DBFB

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Universal American Corp. Pac

Mailing Address 6 International Drive Suite 190

City

Rye Brook

State

NY

Zip Code

10573

FEC ID number of contributing  
federal political committee.**C**

C00433029

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

**Transaction ID:** 5576850CB62D363DC9D

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

20000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 211

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 3 / 2 0 0 9

Transaction ID: 77FF0311920971689A5

Amount of Each Receipt this Period

24.00

Reimbursement for Wire Tr-  
ansfer Fees

**B.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 3 / 2 0 0 9

Transaction ID: 3AF98F48A7BCF0F3533

Amount of Each Receipt this Period

180.46

Reimbursement for Merchan-  
t/AMEX Service Fees

**C.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: 81E4A2C36A165325E37

Amount of Each Receipt this Period

24.00

Reimbursement of Wire Tran-  
sfer Fees

**SUBTOTAL** of Receipts This Page (optional) .....

228.46

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 211

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th FloorCity State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: 4274FE48AE3FCF63D42

Amount of Each Receipt this Period

31.66

Reimbursement of Merchant  
Service Fees**B.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th FloorCity State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	9

Transaction ID: 63444A89B00FC87D049

Amount of Each Receipt this Period

24.00

Reimbursement for Wire Tr-  
ansfer Fee**C.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th FloorCity State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	9

Transaction ID: 24ABA9885EF2F315A88

Amount of Each Receipt this Period

61.86

Reimbursement for Merchant  
Service Fees

SUBTOTAL of Receipts This Page (optional) .....

117.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 211

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: 72F290F1DC1BD382FE0

Amount of Each Receipt this Period

238.58

Reimbursement of Merchant  
Service Fees

**B.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 4 / 2 0 0 9

Transaction ID: A60C9060124C591D163

Amount of Each Receipt this Period

24.00

Reimbursement of Wire Tra-  
nsfer Fees

**C.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 9

Transaction ID: D8CE9B6384C46D0E242

Amount of Each Receipt this Period

24.00

Reimbursement of Wire Tra-  
nsfer Fees

**SUBTOTAL** of Receipts This Page (optional) .....

286.58

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 211

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th FloorCity State Zip Code  
Washington DC 20004FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	9	

Transaction ID: 61BCD24F0E105EE3033

Amount of Each Receipt this Period

75.06

Reimbursement of Merchant  
Service Fees

SUBTOTAL of Receipts This Page (optional) .....

75.06

TOTAL This Period (last page this line number only) .....

707.62

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 191 / 211

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: B303D073D5995C764EF

Date of Disbursement

07 / 14 / 2009

Amount of Each Disbursement this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 73285B79B553E7E5865

Date of Disbursement

07 / 30 / 2009

Amount of Each Disbursement this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 45F4959C4F0074E02A0

Date of Disbursement

08 / 12 / 2009

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional) .....

36.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 192 / 211

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: F3353D4E6EDA7A3DC59

Date of Disbursement

08 / 27 / 2009

Amount of Each Disbursement this Period

12.00

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 4E8D86DF0813A81F610

Date of Disbursement

09 / 15 / 2009

Amount of Each Disbursement this Period

12.00

C.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 2CA7E0CC85E1236A091

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional) .....

36.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 193 / 211

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 594EAB8533052CFE332

Date of Disbursement

10 / 15 / 2009

Amount of Each Disbursement this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21F43D4B1E6A14258C6

Date of Disbursement

10 / 30 / 2009

Amount of Each Disbursement this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 05E5ED4DF01E1D253C6

Date of Disbursement

11 / 13 / 2009

Amount of Each Disbursement this Period

12.00

**SUBTOTAL** of Disbursements This Page (optional) .....

36.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 194 / 211

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: E44716FDD10F3518EF1

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 42427A495B175D54981

Date of Disbursement

12 / 15 / 2009

Amount of Each Disbursement this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: AB904A87B9A1C7F8BE6

Date of Disbursement

12 / 29 / 2009

Amount of Each Disbursement this Period

12.00

**SUBTOTAL** of Disbursements This Page (optional) .....

36.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 195 / 211

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fees

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 3ACA46336F740B83590

Date of Disbursement

07 / 03 / 2009

Amount of Each Disbursement this Period

87.34

**B.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

AMEX Service Fee

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 71C44CDDBAF3E5E5E78

Date of Disbursement

07 / 06 / 2009

Amount of Each Disbursement this Period

61.46

**C.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 9ECED41B1137948847A

Date of Disbursement

07 / 10 / 2009

Amount of Each Disbursement this Period

31.66

SUBTOTAL of Disbursements This Page (optional) .....

180.46

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 196 / 211

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: C22B09DA40749E3A19E

Date of Disbursement

08 / 10 / 2009

Amount of Each Disbursement this Period

31.66

B.

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 0050088DCCE4684BA9E

Date of Disbursement

09 / 10 / 2009

Amount of Each Disbursement this Period

31.66

C.

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 257C222EEA4D8CFE9C1

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

30.20

SUBTOTAL of Disbursements This Page (optional) .....

93.52

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 197 / 211

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: C460A49E10D0B2ED0C4

Date of Disbursement

10 / 05 / 2009

Amount of Each Disbursement this Period

206.84

**B.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 6DE3F55918694A6BF2E

Date of Disbursement

10 / 13 / 2009

Amount of Each Disbursement this Period

31.74

**C.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 8818E4DD6D92EEB5458

Date of Disbursement

11 / 03 / 2009

Amount of Each Disbursement this Period

43.32

**SUBTOTAL** of Disbursements This Page (optional) .....

281.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 198 / 211

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 5DAB54F0E2AFE619305

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

31.74

**B.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 89BB1F81A4C9B51C49C

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

184.92

**C.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 998FBF25B61FC530E71

Date of Disbursement

12 / 10 / 2009

Amount of Each Disbursement this Period

31.74

**SUBTOTAL** of Disbursements This Page (optional) .....

248.40

**TOTAL** This Period (last page this line number only) .....

948.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 199 / 211

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Adler for Congress	<b>Transaction ID:</b> 18900-7470666766166 <b>Date of Disbursement</b>																				
Mailing Address 14 Knightswood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
City Marlton State NJ Zip Code 08053	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name John H. Adler	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NJ District: 03 <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Boucher for Congress Committee	<b>Transaction ID:</b> 92765-3368646502494 <b>Date of Disbursement</b>																				
Mailing Address PO Box 2000 PO Box 2000	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Abingdon State VA Zip Code 24212	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Frederick C. Boucher	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: VA District: 09 <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Charles Boustany Jr Md for Congress, Inc	<b>Transaction ID:</b> 15781-7491266131401 <b>Date of Disbursement</b>																				
Mailing Address PO Box 80126	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Lafayette State LA Zip Code 70598	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Charles W. Boustany, Jr.	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: LA District: 07 <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 200 / 211

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Charlie Melancon Campaign Committee Inc

Mailing Address PO Box 549  
PO Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement  
2010 Primary Contribution

Candidate Name  
Charlie Melancon

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District:

Transaction ID: 15781-3919641375541

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City Brooklyn State NY Zip Code 11233

Purpose of Disbursement  
2010 Primary Contribution

Candidate Name  
Edolphus Towns

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 10

Transaction ID: 92765-6736719012260

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dave Camp for Congress 2010

Mailing Address 5915 Eastman Avenue  
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
2010 Primary Contribution

Candidate Name  
Dave Camp

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: 15781-3164026141166

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 201 / 211

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

A.

Full Name (Last, First, Middle Initial)

Earl Pomeroy for Congress

Mailing Address Post Office Box 9336

City  
 Fargo

State  
 ND

Zip Code  
 58106

Purpose of Disbursement  
 2010 Primary Contribution

011

Category/  
Type

Candidate Name  
 Earl Pomeroy

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 01

Transaction ID: 92765-1491205096244

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Every Republican Is Crucial (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City  
 Richmond

State  
 VA

Zip Code  
 23219

Purpose of Disbursement  
 2009 Contribution

011

Category/  
Type

Candidate Name  
 Every Republican Is Crucial (ERICPAC)

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 46834-4625818133354

Date of Disbursement

12 / 21 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Forward Together Pac

Mailing Address 201 North Union Street  
 Suite 300

City  
 Alexandria

State  
 VA

Zip Code  
 22314

Purpose of Disbursement  
 2009 Contribution

011

Category/  
Type

Candidate Name  
 Forward Together Pac

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 18900-4334070086479

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 202 / 211

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends for Gregory Meeks	<b>Transaction ID:</b> 92765-5523797869682 <b>Date of Disbursement</b>																				
Mailing Address 153-01 Jamaica Ave. Suite 535	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City State Zip Code Jamaica NY 11432	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Gregory W. Meeks	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Dave Reichert	<b>Transaction ID:</b> 15781-4732019305229 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53322	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City State Zip Code Bellevue WA 98015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name David G. Reichert	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of John Barrow	<b>Transaction ID:</b> 92765-2571374773979 <b>Date of Disbursement</b>																				
Mailing Address PO Box 8166	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City State Zip Code Savannah GA 31412	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name John Jenkins Barrow	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 203 / 211

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of John McCain Inc	<b>Transaction ID:</b> 92765-1129571795463 <b>Date of Disbursement</b>																				
Mailing Address PO Box 16664	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Arlington State VA Zip Code 22215	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name John McCain	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: AZ District: <input type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of John Thune	<b>Transaction ID:</b> 92765-3355523943901 <b>Date of Disbursement</b>																				
Mailing Address 200 North Phillips Avenue Ste L101	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Sioux Falls State SD Zip Code 57104	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name John R. Thune	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: SD District: <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Schumer	<b>Transaction ID:</b> 99396-1746789813041 <b>Date of Disbursement</b>																				
Mailing Address 509 Madison Ave Suite 1902	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	9
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1	0		0	5		2	0	0	9												
City New York State NY Zip Code 10022	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Charles E. Schumer	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 211

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Gillibrand for Senate Mailing Address 313 C Street NE	<b>Transaction ID:</b> 99396-5751916766166 <b>Date of Disbursement</b> <div> <div>10</div> <div>05</div> <div>2009</div> </div>
City Washington State DC Zip Code 20002 Purpose of Disbursement 2010 Primary Contribution Candidate Name Kirsten E. Gillibrand Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Gingrey for Congress Mailing Address PO Box U City Marietta State GA Zip Code 30060 Purpose of Disbursement 2010 Primary Contribution Candidate Name John Phillip Gingrey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 11	<b>Transaction ID:</b> 18900-1755334734916 <b>Date of Disbursement</b> <div> <div>12</div> <div>14</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Griffith for Congress Mailing Address Post Office Box 2916 City Huntsville State AL Zip Code 35804 Purpose of Disbursement 2010 Primary Contribution Candidate Name Parker Griffith Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 05	<b>Transaction ID:</b> 92765-9666711688041 <b>Date of Disbursement</b> <div> <div>09</div> <div>30</div> <div>2009</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <div>011</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 205 / 211

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.** Full Name (Last, First, Middle Initial)  
Hoosiers Supporting Buyer for CongressMailing Address 103 West Broadway St, PO Box 712  
200 North Main St. PO Box 712

City Monticello State IN Zip Code 47960

Purpose of Disbursement  
2010 Primary ContributionCandidate Name  
Stephen E. Buyer011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 04

Transaction ID: 15781-2613336443901

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Jobs, Opportunities and Education, Pac (JOE-PAC)

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement  
2009 ContributionCandidate Name  
Jobs, Opportunities and Education, Pac (JOE-PAC)011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 46834-4979364275932

Date of Disbursement

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1	2		2	1		2	0	0	9

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Kind for Congress CommitteeMailing Address 205 5th Avenue South  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
2010 Primary ContributionCandidate Name  
Ron Kind011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: 92765-1927606463432

Date of Disbursement

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0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

5500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 206 / 211

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Latham for Congress

Mailing Address PO Box 71  
PO Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement  
2010 Primary ContributionCandidate Name  
Tom Latham011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 04

Transaction ID: 15781-6723749041557

Date of Disbursement

09 / 30 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Linder for Congress

Mailing Address PO Box 4026

City Duluth State GA Zip Code 30096

Purpose of Disbursement  
2010 Primary ContributionCandidate Name  
John Linder011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 07

Transaction ID: 18900-4357416033744

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Making Business Excel Political Action Committee

Mailing Address PO Box 3241

City Cheyenne State WY Zip Code 82003

Purpose of Disbursement  
2009 ContributionCandidate Name  
Making Business Excel Political Action Committee011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 18900-8422204852104

Date of Disbursement

12 / 14 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 207 / 211

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Matheson for Congress	<b>Transaction ID:</b> 92765-1107751727104 <b>Date of Disbursement</b>																				
Mailing Address PO Box 521048 Suite A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td> <td>3</td><td>0</td><td></td> <td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
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0	9		3	0		2	0	0	9												
City Salt Lake City State UT Zip Code 84152	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Jim Matheson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
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<b>B.</b> Full Name (Last, First, Middle Initial) Mike Crapo for Us Senate	<b>Transaction ID:</b> 92765-3364221453666 <b>Date of Disbursement</b>																				
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0	9		3	0		2	0	0	9												
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3000.00																					
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011																					
Category/ Type																					
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<b>C.</b> Full Name (Last, First, Middle Initial) People for Enterprise Trade and Economic Growth (PETE PAC)	<b>Transaction ID:</b> 58591-96683901548386 <b>Date of Disbursement</b>																				
Mailing Address 7804 Evening Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td> <td>1</td><td>5</td><td></td> <td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	9
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1	2		1	5		2	0	0	9												
City Alexandria State VA Zip Code 22306	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Original 3/31/09 Contribution Voided- 2009 Contribution	<table border="1"> <tr> <td colspan="10">-1500.00</td> </tr> </table>	-1500.00																			
-1500.00																					
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011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:																					

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 208 / 211

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Price for Congress	<b>Transaction ID:</b> 18900-4660760760307 <b>Date of Disbursement</b>																				
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1	2		1	4		2	0	0	9												
City Roswell State GA Zip Code 30077	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2010 Primary Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Thomas E. Price	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06																					
<b>B.</b> Full Name (Last, First, Middle Initial) Principles Exalt a Nation Political Action Committee	<b>Transaction ID:</b> 18900-4425775408744 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1131	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	9
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1	2		1	4		2	0	0	9												
City Anderson State IN Zip Code 46015	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement 2009 Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Principles Exalt a Nation Political Action Committ- ee	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Prosperity Pac	<b>Transaction ID:</b> 15781-1452447772026 <b>Date of Disbursement</b>																				
Mailing Address 1006 Pendleton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		3	0		2	0	0	9												
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
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2500.00																					
Candidate Name Prosperity Pac	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution																					
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4500.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Prosperity Pac

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2009 ContributionCandidate Name  
Prosperity Pac011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Contribution

State: District:

Transaction ID: 46834-9929315447807

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Rely on Your Beliefs Fund

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Original 03/31/2009 Contribution voided-2009 ContributionCandidate Name  
Rely on Your Beliefs Fund011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 58591-22214907407760

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	5	/	2	0	0	9

Amount of Each Disbursement this Period

-2500.00

**C.**

Full Name (Last, First, Middle Initial)

Rogers for Congress

Mailing Address PO Box 581  
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
2010 Primary ContributionCandidate Name  
Mike Rogers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: 15781-7001764178276

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.** Full Name (Last, First, Middle Initial)  
Roskam for Congress Committee

Mailing Address PO Box 713

City  
WheatonState  
ILZip Code  
60187Purpose of Disbursement  
2010 Primary Contribution

011

Category/  
TypeCandidate Name  
Peter J. RoskamOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: 15781-6876336932182

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Spratt for Congress Committee

Mailing Address PO Box 830

City  
YorkState  
SCZip Code  
29745Purpose of Disbursement  
Original 10/14/2008 contribution voided - 2008 General Contribution

011

Category/  
TypeCandidate Name  
John M. Spratt, Jr.Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: 58591-16738528013229

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	0	9

Amount of Each Disbursement this Period

-1000.00

**C.** Full Name (Last, First, Middle Initial)  
Walden for Congress

Mailing Address PO Box 1091

City  
Hood RiverState  
ORZip Code  
97031Purpose of Disbursement  
2010 Primary Contribution

011

Category/  
TypeCandidate Name  
Greg P. WaldenOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 02

Transaction ID: 18900-6431390643119

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.** Full Name (Last, First, Middle Initial)  
Wally Herger for Congress Committee

Mailing Address PO Box 1500

City  
Chico

State  
CA

Zip Code  
95927

Purpose of Disbursement  
2010 Primary Contribution

Candidate Name  
Walter Herger, Jr.

**011**  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 02

**Transaction ID:** 18900-9956018328666

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
Wyoming Values Pac

Mailing Address 901 N Washington St  
Suite 102

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement  
2009 Contribution

Candidate Name  
Wyoming Values Pac

**011**  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2009  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

**Transaction ID:** 18900-8785974383354

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**2000.00**

**TOTAL** This Period (last page this line number only) .....

**54000.00**